

Foster Family Home - Corrective Action Report

Provider ID: 1-200057

Home Name: Reylie Andres, NA

Review ID: 1-200057-1

94-568 Palai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/9/2020

Foster Family Home

Required Certificate


[11-800-6]

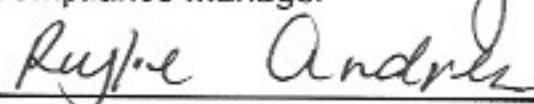
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification.

Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

11/9/2020
Date

11/09/2020
Date